
State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
Product Name:	Application for Deferred or Indexed Deferred Annuity		
Project Name/Number:	Application for Deferred or Indexed Deferred Annuity/		

Filing at a Glance

Company:	Aviva Life and Annuity Company
Product Name:	Application for Deferred or Indexed Deferred Annuity
State:	Arkansas
TOI:	A07I Individual Annuities - Special
Sub-TOI:	A07I.001 Equity Indexed
Filing Type:	Form
Date Submitted:	10/15/2012
SERFF Tr Num:	AMER-128724598
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jaime Gertsen, Susan Falk, Chris Cecak, Andrea Davey
Reviewer(s):	Linda Bird (primary)
Disposition Date:	10/22/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Aviva Life and Annuity Company
TOI/Sub-TOI: A07I Individual Annuities - Special/A07I.001 Equity Indexed
Product Name: Application for Deferred or Indexed Deferred Annuity
Project Name/Number: Application for Deferred or Indexed Deferred Annuity/

General Information

Project Name: Application for Deferred or Indexed Deferred Annuity Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/22/2012
State Status Changed: 10/22/2012
Deemer Date: Created By: Andrea Davey
Submitted By: Andrea Davey Corresponding Filing Tracking Number:

Filing Description:

RE: Aviva Life and Annuity Company
Application Form: 18384 10/12
NAIC #: 61689

The above referenced filing is attached for the Department's review and approval. This new application, form 18384 10/12, will be utilized with our annuity contract forms. The Application has achieved a Flesch Reading Ease Test Score of 50.1. Application form, 18384 10/12, will replace application form 80500 6/08 FW that was previously approved by the Department on 06/25/2008 under SERFF Tracking #: AMER-125704974.

To the best of my knowledge and belief, this filing complies with the rules and regulations of the State of Arkansas. Please let me know if I may be of further assistance. I appreciate your review and subsequent approval.

Company and Contact

Filing Contact Information

Andrea Davey, Product Compliance Analyst andrea.davey@avivausa.com
7700 Mills Civic Parkway 515-342-3788 [Phone]
West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
555 South Kansas Avenue	Group Code: 44	Company Type: Insurance
Topeka, KS 66603	Group Name:	State ID Number:
(785) 295-4352 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 Application = \$50.00
Per Company:	No

SERFF Tracking #: AMER-128724598

State Tracking #:

Company Tracking #:

State: Arkansas **Filing Company:** Aviva Life and Annuity Company
TOI/Sub-TOI: A07I Individual Annuities - Special/A07I.001 Equity Indexed
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Company	Amount	Date Processed	Transaction #
Aviva Life and Annuity Company	\$50.00	10/15/2012	63879375

SERFF Tracking #:	AMER-128724598	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2012	10/22/2012

SERFF Tracking #:	AMER-128724598	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
Product Name:	Application for Deferred or Indexed Deferred Annuity		
Project Name/Number:	Application for Deferred or Indexed Deferred Annuity/		

Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Redline		Yes
Form	Application for Deferred or Indexed Deferred Annuity		Yes

State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
Product Name:	Application for Deferred or Indexed Deferred Annuity		
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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		18384 10/12	AEF	Application for Deferred or Indexed Deferred Annuity	Revised: Replaced Form #: 80500 6/08 FW Previous Filing #: AMER-125704974	50.100	18384 10-12 Final.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Deferred or Indexed Deferred Annuity

[www.avivausa.com]



Mail or fax completed form to:

[P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 800 531 0038]

Aviva Life and Annuity Company

[7700 Mills Civic Parkway, West Des Moines, IA 50266-3862]

Contact us:

Life Customer Contact Center – Tel: [800 800 9882]

Annuity Customer Contact Center – Tel: [888 266 8489]

Aviva Life and Annuity Company of New York

Home Office: [Melville, NY]

1. PRODUCT

Product Name

Rider(s):

2. ANNUITANT

First Name (as to appear on contract)	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

3. JOINT ANNUITANT: If applicable

First Name (as to appear on contract)	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

4. OWNER (If other than Annuitant)

First Name of Individual or Entity	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant(s)
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.



Application for Deferred or Indexed Deferred Annuity

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5. JOINT OWNER: Not applicable to qualified contracts

First Name of Individual or Entity	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant(s)
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

6. CONTINGENT OWNER: If Owner and Annuitant are different

First Name of Individual or Entity	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant(s)
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

7. FUNDING SOURCE

Premium Submitted with Application \$	Anticipated Premium from Transfer \$
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8. TAX QUALIFICATIONS: Select ALL that apply

<input type="checkbox"/> Non-Qualified <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Internal Conversion Contract Number: _____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Keogh/HR-10 <input type="checkbox"/> Other Qualified Plan* *Owner must be the Plan	Select ALL that apply: <input type="checkbox"/> Contribution for Tax Year: _____ <input type="checkbox"/> Rollover (Within 60 days) <input type="checkbox"/> Direct Transfer from IRA/SEP <input type="checkbox"/> Direct Transfer from ROTH IRA <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Direct Transfer from 401(k); HR10; 403(b); Pension Plan
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9. REPLACEMENT

- ☐ Yes ☐ No Do you have an existing life insurance policy or an existing annuity contract?
- ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?



* 1 8 3 8 4 1 0 1 2 0 2 *

Application for Deferred or Indexed Deferred Annuity

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10. BENEFICIARIES

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date of creation on the Beneficiary Name line. All beneficiaries must be living/existing at the time of application.

<input type="checkbox"/> Primary	Beneficiary Name		Birth Date (mm/dd/yyyy) / /	
<input type="checkbox"/> Contingent	Social Security or Tax I.D. Number	Relationship to Annuitant(s)	%	
<input type="checkbox"/> Tertiary	Street Address	City & State	Zip	

<input type="checkbox"/> Primary	Beneficiary Name		Birth Date (mm/dd/yyyy) / /	
<input type="checkbox"/> Contingent	Social Security or Tax I.D. Number	Relationship to Annuitant(s)	%	
<input type="checkbox"/> Tertiary	Street Address	City & State	Zip	

<input type="checkbox"/> Primary	Beneficiary Name		Birth Date (mm/dd/yyyy) / /	
<input type="checkbox"/> Contingent	Social Security or Tax I.D. Number	Relationship to Annuitant(s)	%	
<input type="checkbox"/> Tertiary	Street Address	City & State	Zip	

- The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.
- Contingent: A beneficiary who will receive the proceeds should the primary beneficiary die prior to the payment of any proceeds.
- Tertiary: A beneficiary who will receive the proceeds should the primary and contingent beneficiaries die prior to the payment of any proceeds.
- Additional beneficiaries can be listed on a separate sheet of paper with all required information and signed by the owner.

11. SPECIAL INSTRUCTIONS

12. AGREEMENTS AND SIGNATURES

The Owner agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. The effective date of the Contract will be the Contract Date set by the Company.
3. No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.
4. Authorization to Record Calls. I understand the Company and its affiliates, agents and Independent contractors may listen to or record telephone calls between me and its representative without additional notice to me.



Application for Deferred or Indexed Deferred Annuity

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All states: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

Residents of all states except [DE, IN, MN, MO, OR, PA, UT and WA]:

Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:

I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to Aviva Life and Annuity Company.

13. AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the Company, its reinsurers, or its authorized representatives, to obtain from any consumer reporting agency or employer one or more consumer reports including, but not limited to, a credit report about me, which may include information about my physical or mental health.

I understand that an investigative consumer report may be prepared in connection with this application. I authorize the Company, its reinsurers, or its authorized representatives, to prepare or obtain from any consumer reporting agency one or more investigative consumer reports about me. I understand that an investigative consumer report involves personal interviews with sources such as neighbors, friends, or associates, and may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I may request to be personally interviewed if an investigative consumer report is prepared or obtained in connection with this application. I further understand that, if an investigative consumer report is prepared or obtained, I have the right to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation, and a summary of my rights under the Fair Credit Reporting Act.

I authorize the Company, its reinsurers, or its authorized representatives, to release information obtained in connection with this application including, but not limited to, any consumer reports, investigative consumer reports, or personal health information to reinsurers, the Medical Information Bureau (MIB), or other persons or organizations performing business or legal services in connection with my application, claim, or as may be permitted or required by law, or as I may further authorize.

Signed at City	State	on Date
Annuitant Signature X	Joint Annuitant Signature (if applicable) X	
Owner Signature (if other than Annuitant) X	Joint Owner Signature (if applicable) X	



Application for Deferred or Indexed Deferred Annuity

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14. PRODUCER USE ONLY

1. ☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?
(If yes to either question, and if required by state regulation, replacement forms must accompany this application.)
3. ☐ Yes ☐ No Is the Owner an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard)?

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

Producer Signature		Producer Name (print please)
Producer Number	Date Signed	Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Split %

☐ Option 1 ☐ Option 2

100%

(If unchecked, the default is Option 1.)



SERFF Tracking #:	AMER-128724598	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
Product Name:	Application for Deferred or Indexed Deferred Annuity		
Project Name/Number:	Application for Deferred or Indexed Deferred Annuity/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certification 18384 10-12.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Redline		
Comments:			
Attachment(s):			
80534 6-08 - redline.pdf			

Aviva Life and Annuity Company

READABILITY CERTIFICATION

I hereby certify to the accuracy of the Flesch reading ease test score for the following application form.
The form is at least 10 (ten) point type, 2 (two) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESH SCORE</u>
Application for Deferred or Indexed Deferred Annuity	18384 10/12	50.1



Maureen Closson
VP & Chief Compliance Officer
Aviva Life and Annuity Company
October 12, 2012



Aviva Life and Annuity Company

[P.O.Box 2039
Topeka, KS 66601-2039]

**Application for Deferred or
Indexed Deferred Annuity**

1 Product



Product Name: _____

Rider(s): _____

2 Annuitant



First Name (as to appear on contract) M.H. Last Name _____

Date of Birth _____ Social Security Number _____ ☐ Male ☐ Female

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

3 Joint Annuitant

If applicable

First Name (as to appear on contract) M.H. Last Name _____

Date of Birth _____ Social Security Number _____ ☐ Male ☐ Female

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

4 Owner

If other than
Annuitant

First Name of Individual or Entity M.H. Last Name _____

Date of Birth _____ Social Security or Tax I.D. Number _____ ☐ Male ☐ Female Relationship to Annuitant(s) _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

5 Joint Owner

Not applicable to
qualified contracts

First Name of Individual or Entity M.H. Last Name _____

Date of Birth _____ Social Security or Tax I.D. Number _____ ☐ Male ☐ Female Relationship to Annuitant(s) _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

**6 Contingent
Owner**

If Owner and
Annuitant are
different

First Name of Individual or Entity M.H. Last Name _____

Date of Birth _____ Social Security or Tax I.D. Number _____ ☐ Male ☐ Female Relationship to Annuitant(s) _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____



7 Funding Source Premium Submitted with Application: \$ _____

Anticipated Premium from Transfer: \$_____

8 Tax Qualification

Select ALL that apply

- ☐ Non-Qualified
- ☐ 1035 Exchange
 - ☐ Internal Conversion
- Contract Number:

- ☐ IRA
 - ☐ Roth IRA
 - ☐ SEP IRA
 - ☐ Keogh/HR-10
 - ☐ Other Qualified Plan*
- *Owner must be the Plan

Select ALL that apply:

- ☐ Contribution for Tax Year: _____
- ☐ Rollover (Within 60 days)
- ☐ Direct Transfer from IRA/SEP
- ☐ Direct Transfer from ROTH IRA
- ☐ Roth Conversion
- ☐ Direct Transfer from 401(k);
HR10; 403(b); Pension Plan

9 Replacement

1. ☐ Yes ☐ No Do you have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?

10 Beneficiaries

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date on the Beneficiary Name line. All beneficiaries must be living at the time of application.

- ☐
- Primary
- ☐
- Contingent
- ☐
- Tertiary

Beneficiary Name	SSN or Tax I.D.	Relationship to Annuitant(s)	%

- ☐ Primary ☐ Contingent ☐ Tertiary

Beneficiary Name	SSN or Tax I.D.	Relationship to Annuitant(s)	%

- ☐ Primary ☐ Contingent ☐ Tertiary

Beneficiary Name	SSN or Tax I.D.	Relationship to Annuitant(s)	%

- ☒ Primary ☐ Contingent ☐ Tertiary

Beneficiary Name	SSN or Tax I.D.	Relationship to Annuitant(s)	%

- ☐ Primary ☐ Contingent ☐ Tertiary

Beneficiary Name	SSN or Tax I.D.	Relationship to Annuitant(s)	%

The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.

11 Special Instructions



12 Agreements and Signatures

The Owner agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. The effective date of the Contract will be the Contract Date set by the Company.



No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.

[Residents of all states except DE, IN, MN, MO, OR, PA, UT and WA:]

Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:

I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand ~~that index-linked interest credits will not be credited to any amount withdrawn during a term period and that~~ any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to Aviva Life and Annuity Company.



Signed at: _____ on _____
(city) (state) (date)

Annuitant Signature Joint Annuitant Signature (if applicable)

Owner Signature (if other than Annuitant) Joint Owner Signature (if applicable)

13 Producer Use Only:

1. ☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?

Yes to either question, and if required by state regulation, replacement forms must accompany this application.)

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

Producer Signature Producer Name (print please)

Producer Number Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Split %
_____	_____	_____
_____	_____	_____
_____	_____	100%

☐ Option 1 ☐ Option 2 ☒ ~~Option 3~~

(If unchecked, the default is Option 1.)

